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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # 756443

(8)

HEAVENLY HIGHWAY TABERNACLE, INC.

Principal Place of Business	Mailing Address
	SACE AND SOTHERVENILE



2056 NW 38TH OKEECHOBSE	AVENUE FL 34972-8884	2056 NW 38TH AVENUE OKEECHOBEE FL 34972-8884				
			• •	3. Date Incorporated or Qualified 09/19/1981	3a. Date of Last R 08/09/19	95
B. Dississi Diss	of Dunings	2a. Mailing Address		4. FEI Number	Ar	oplied For
2. Principal Plac	SE 334 ST.	26 7()7) SE 3	3363 S.E.	05-0024900	No.	ot Applicable
Suite, Apt. #,		Suite, Apt. #, etc.		5. Certificate of Status Desired	7	Additional equired
2		City & State		6. Election Campaign Financing	\$5.00	May Be
3 OKEE	CHOBEL, FL	28 O O O O O O O	1-C	Trust Fund Contribution 8. This corporation has liability for in	Added Added	to Fees
1 ² 3497	4 25 OUNTY SA	29 3 9 30	USA	Florida Statutes 10. Name and Address of New Re	Yes 11 No	
1.9-1.	9. Name and Address of Currer	nt Registered Agent		10. Name and Address of New Ne	Aletelen wann	
			81 Name			
BYRD, OT	ns w.		82 Street Addr	ress (P.O. Box Number is Not Acceptable	9)	
2021 SE				- Came		
	OBEE FL 34974-4010		83			
			84 City		FL I	Code
		2 and 617 1508 Florida Statutes, the	above-named corpor	ration submits this statement for the purp ard of directors. I hereby accept the appo	oose of changing its re	egistered office
11. Pursuant to or registere	of the provisions of Sections 617.000 and agent, or both, in the State of Flori	da. Such change was authorized by	the corporation's boa	ration submits this statement for the purport of directors. I hereby accept the appo	intment as registered	agent. i am
familiar with	h, and accept the obligations of, Sec	tion 617 0503, Florida Statutes.)+- (1)	(2 n()	4131910	
SIGNATURE _	OLIZ MIDAKD	NOTE BOO	istered Agent signature require	ed when reinstating)	DATE	
	Signature, typed or printed name of registered ager	ID DIRECTORS	13.	ADDITIONS CHANGES TO OFFI	CERS AND DIRECTO	RS IN 12
12.	OFFICENS AN	D DIFFEOTORIO				process and a state of the same
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certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certific that it is annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certific that it is annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certific that it is annual report in the same legal effect as if made under certific that it is annual report in the same legal effect as if made under certific that it is annual report in the same legal effect as if made under certific that it is annual report in the same legal effect as if made under certific that it is annual report in the same legal effect as if made under certific that it is annual report in the same legal effect as if

SIGNATURE: DIS W. BYRD PRINTED HAME OF SIGNING OFFICER OF DIRECTOR

43/96

941-467-7147

Daytime Phone #